



City of Annapolis
Office of Human Resources
 145 Gorman Street, 2nd Fl
 Annapolis, MD 21401-2535

FOR CITY USE ONLY	
REVIEWED BY	_____
NQ	Q

CityJobs@annapolis.gov • 410-263-7998 • Fax 410-295-7999 • www.annapolis.gov
 Deaf, hard of hearing or speech disability - use MD Relay or 711

Application for Employment

The City of Annapolis is an Equal Opportunity/ADA Compliant Employer. Females, Minorities and Individuals with Disabilities are encouraged to apply. Any disabled applicant who needs a reasonable accommodation during the application or testing process should notify the Human Resources Department in advance at 410- 263-7998 or 410-263-7943 TDD. All qualified applicants will receive consideration for employment without regard to political or religious opinion or affiliation, race, creed, color, sex, age, national origin, marital status, physical or mental disability, sexual orientation or genetic information.

THIS APPLICATION CONSISTS OF NINE PAGES, ALL OF WHICH SHOULD BE COMPLETED FULLY BEFORE YOUR APPLICATION IS SUBMITTED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Application for **Position** of (use title and number from Position Vacancy Notice):

Title _____ Number _____

Part I. Personal Information

1 Name _____, _____, _____
Last *First* *Middle*

2 Address _____
 City _____ State _____ Zip _____

3 Phones Home _____ Cell _____ Work _____
 Email _____

4 Who shall we contact in case of emergency?
 Name _____ Phone _____

5 If you are related to a current City of Annapolis employee, please indicate:
 Name _____ Relationship _____
 City department _____

6 Did you graduate from high school? Yes No GED? # _____ State _____
 School name _____
 Address _____

If you are currently a city employee, please indicate if you are: Contractual worker Seasonal/Temporary
 Do you claim a Veteran's preference? Yes No

Part II. Education and training

7	Name and location of College(s) or University(ies) attended	Total credit hours	Major field	Degree type

8 Other training (including business, trade, military or correspondence schools)

Name and address (city, state and zip) of schools attended	Type of training	License or Certificate #	Expiration date	Total training	
				Hours	Weeks

Use this space to include any special qualifications relevant to the position for which you are applying that are not covered elsewhere in your application: skills in operation of computers, machines or equipment; technical skills; office administration skills; or other special training. If necessary, please attach a supplementary sheet.

Part III. Experience

9 Use the following blocks A through D to provide information about your previous jobs STARTING WITH YOUR PRESENT OR MOST RECENT POSITION in Block A. Include all relevant paid, non-paid, volunteer and military experience. LIST PROMOTIONS AS SEPARATE JOBS. You must provide all of the information requested for each job you list. If you require more space to answer Blocks A through D, or if you require more blocks to list all of your previous jobs, attach additional pages that provide all of the information requested for each job. Your resume should be used only to supplement information presented in these blocks. **Label all additional pages with your NAME.**

May we contact your current and/or previous employer(s)? Yes No

Comments _____

A Position _____ Currently held? Yes No

Employer (Company or Organization) _____

Address _____

Name of immediate supervisor _____

Title _____ Telephone _____

Date of employment From _____ To _____

Last salary _____ Type of business _____

Number of hours worked per week _____ Number of employees you supervised _____

Reason for leaving _____

Describe your duties, responsibilities and accomplishments below.

B Position _____ Currently held? Yes No
Employer (Company or Organization) _____
Address _____
Name of immediate supervisor _____
Title _____ Telephone _____
Date of employment From _____ To _____
Last salary _____ Type of business _____
Number of hours worked per week _____ Number of employees you supervised _____
Reason for leaving _____

Describe your duties, responsibilities and accomplishments below.

C Position _____ Currently held? Yes No
Employer (Company or Organization) _____
Address _____
Name of immediate supervisor _____
Title _____ Telephone _____
Date of employment From _____ To _____
Last salary _____ Type of business _____
Number of hours worked per week _____ Number of employees you supervised _____
Reason for leaving _____

Describe your duties, responsibilities and accomplishments below.

D Position _____ Currently held? Yes No
Employer (Company or Organization) _____
Address _____
Name of immediate supervisor _____
Title _____ Telephone _____
Date of employment From _____ To _____
Last salary _____ Type of business _____
Number of hours worked per week _____ Number of employees you supervised _____
Reason for leaving _____

Describe your duties, responsibilities and accomplishments below.

Part IV. Other

- 10** Are you legally eligible for employment in the U.S.? Yes No

Anyone offered employment is required to provide identification and documentation of eligibility for employment in the U.S.

- 11** Do you have a valid motor vehicle operator's license? Yes No

Is this license a Commercial Driver's License? Yes No

- 12** Have you ever been convicted of a criminal offense in any court? Yes No

Do not include any conviction for which your record has been expunged. If the answer is yes, provide date, place, charge, court and sentence for the conviction. A conviction does not automatically mean that you will not be employed. The nature of the offense and when it occurred will be considered. Give all the facts so a decision can be made (attach additional sheets, if necessary, and label all additional sheets with name).

- 13** Have you ever been fired or asked to resign from a job? Yes No

If yes, give date, name, address of employer and reason. A firing or forced resignation does not automatically mean you will not be employed. The circumstances, time elapsed and recent employment record will be considered. Give all the facts so that a decision can be made (attach additional sheets, if necessary, and label all additional sheets with name).

- 14** The following notice applies to everyone EXCEPT applicants for Law Enforcement Officer positions as defined by *Article 27, Section 727*, or any employee of any law enforcement agency of the State of Maryland or any county, incorporated city or town, or other municipal corporation.

"Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100."

Signature _____ Date _____

Required by Maryland State law

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. **I understand that any false or incomplete answer may be grounds for not employing me or for discharging me after my employment.** I understand that I may have to pass a physical examination; produce documentation verifying identity and employment eligibility in the U.S.; and be fingerprinted as a condition of my employment. I also understand that if I am hired for a position with the City of Annapolis, I will be required to undergo a pre-employment DRUG SCREEN. During the course of my employment, should reasonable suspicion exist to indicate possible impairment from proper and safe performance of my duties, I will be subject to additional testing for drug and/or alcohol usage.

I hereby authorize and fully consent to the disclosure and release to the City of Annapolis, Maryland of any information and documentation bearing on my academic history; job performance; and/or other credentials or licensure that may pertain to the vacancy for which application is being made. It is my specific intent to provide access to the above-detailed information, no matter how personal or confidential it may appear to be. In consideration of the City of Annapolis' acceptance and evaluation of this application, I hereby release and hold harmless the City of Annapolis, Maryland; any school; present or former employer; and /or any person furnishing such information or documents.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature. I understand that I must notify the Human Resources Department of any change in my name, address, phone number or other pertinent information.

Check here to certify that the above information is true and correct. You will be required to sign this application.

Signature _____

Date _____

The City of Annapolis seeks the following information in order to comply with its obligations under all applicable Equal Employment Opportunity Laws. Individuals are encouraged to complete this form. Those who choose not to provide race or gender information will be placed in the largest applicant group. In keeping with City of Annapolis policy, any individual who knowingly falsifies a race or gender claim is subject to disqualification or termination.

A How did you learn about the job for which you are applying? Please specify.

Newspaper (name) _____

Job bulletin (where posted) _____

Federal/State employment service (name) _____

Community Action Agency (name) _____

Magazine/Journal (name) _____

City employee _____

Notification postcard _____

Job Fair/Conference (where/when) _____

College/University/School (name) _____

Walk-in _____

Other: _____

B Date of birth _____ **C Gender** Male Female

D Ethnic origin

The U.S. Equal Employment Opportunity Commission (EEOC) has defined the following categories of ethnic origin. Please check which best describes your ethnic origin.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. (For example, China, Japan, Korea, the Philippines, and Samoa.)

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

Other: _____

Position applied for _____

Signature _____ Date _____

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